



Hip Revision

Hip revision: Every change of components in the hip joint (add, replace or remove one or more components)

Version: January 1, 2015

Patientsticker

Patient

Hospital number _____ Social Security Number _____
Postal code (numbers) _____ Length (cm) _____ Weight (kg) _____
Smoking No Yes BMI* _____
* Please fill out Length and Weight or fill out Body Mass Index (BMI)

Reason for revision¹

| | | | | | |
|-------------------------|-----------------------------|------------------------------|--------------------------------|-----------------------------|------------------------------|
| Infection | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Loosening acetabular component | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Cup/Liner wear | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Loosening femoral component | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Periprosthetic fracture | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Periarticular ossification | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Dislocation | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Symptomatic MoM bearing | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Girdlestone/spacer | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Other reason for revision | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

ASA classification I Normal healthy patient
 II Patient with mild systemic disease
 III Patient with severe systemic disease that is limiting but not incapacitating
 IV Patient with incapacitating disease that is a constant threat to life

Charnley score A Single Hip with OA
 B1 Bilateral Hips with OA
 B2 Previous Total Hip Replacement on the contralateral hip
 C Multiple joints affected with OA or a chronic disease that affects quality of life (especially walking)

Type of operation²

Specialism Orthopaedics Trauma Surgery Surgeon code* _____
Date of operation _____ Assistant surgeon code* _____
Side of operation Right Left
Type of revision Partial revision Girdlestone (incl. spacer)
 Total system revision Other reoperation, specify _____
Conversion to total hip No Yes
If partial revision,
Acetabulum revised No Yes

* Unique number per surgeon (Chosen and known within the hospital) OR BIG-number.



Allograft used

No Yes

Inlay revised
Head revised
Femur revised

No Yes
 No Yes
 No Yes

Cement³

Fixation

Cementless Hybrid Cemented

Lavage

No Yes

Vacuum (mix)

No Yes

Pressurising

No Yes

If hybrid fixation,

Acetabulum cemented

No Yes

Femur cemented

No Yes

Attach sticker cement

Attach sticker acetabular component (cup, shell, monoblock)

Attach sticker inlay (bearing, insert)

Attach sticker femoral component (main femoral component or main resurfacing femoral component)



Attach sticker head

Do not register any other components like: stem extensions, augmentations, sleeves, necks, cables, claws, screws, head adapters, wedges, spacers etc.